NOTICE OF DETERMINATION OF CONTROLLING ORDER

The information on this form may be disclosed as authorized by law.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

Date of Notice:

Obligor: Legal name (first, middle, last, suffix)

Oblige: Legal name (first, middle, last, suffix)

IV-D Case:
[ ] TANF
[ ] IV-E Foster Care
[ ] Medicaid Only
[ ] Former Assistance
[ ] Never Assistance

Non-IV-D Case: [ ]

File Stamp

To: (Agency Name and Address)

Responding Locator Code: _____   State _____

Responding IV-D Case Identifier: _____

Responding Tribunal Number: _____

From: (Agency Name and Address)

Initiating Locator Code: _____   State _____

Initiating IV-D Case Identifier: _____

Initiating Tribunal Number: _____

NOTE:

[ ] This form sent through EDE

1. On _____ , _____ (tribunal name, county, state)
(date)

determined which order to recognize for prospective enforcement. The following orders were considered:

#	County	State	Date of Order	IV-D Case Identifier	Tribunal Number	Order Type
1						
2						
3						

2. Check which option applies:

[ ] The tribunal determined that order number _____ (enter number) listed above is the controlling order for prospective support.

[ ] The tribunal determined that none of the existing orders is the controlling order for prospective support. A new controlling order was entered; a certified copy is attached.

3. Because it issued the controlling order, the law of _____(state) governs the duration of the support obligation.

4. $ _____ per _____ (frequency) is the current support amount.

5. The tribunal reconciled arrears and calculated them to be $ _____ as of _____ (date).

A certified copy of the order reconciling arrears is attached.

6.   A copy of this notice was sent to all tribunals listed in the table above together with a certified copy of the controlling order determination and arrears reconciliation order.

Check to confirm that the notice and order were also sent to:

[ ]   IV-D agencies in all states listed in the table above

[ ]   Obligee

[ ]   Obligor

[ ]   The following entities: (If additional space is needed, attach a separate sheet.)

_____   (Entity name, state)

_____   (Entity name, state)

_____   (Entity name, state)

_____   (Entity name, state)

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

INSTRUCTIONS FOR THE NOTICE OF DETERMINATION OF CONTROLLING ORDER

PURPOSE OF THE FORM:

This notice provides a standard format for alerting entities in other jurisdictions that a controlling order determination has been completed by your tribunal. The actual determination will likely be in a state-specific format (e.g., order or form), which may be attached to the standard Notice of Determination of Controlling Order.

Complete this notice when your state's tribunal makes a determination of controlling order. UIFSA includes provisions to ensure that there is only one valid order between the parties that controls the amount of **current** support. The need for a determination of controlling order should be rare because there are few cases where there are still multiple valid orders with a current support obligation.

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> *Italicized* text that appears within a "box" refers to policy or provides additional information.

> *Tribal IV-D programs may choose to use the federal Intergovernmental forms. However, they are not required to use or accept such forms. If you have any questions, contact the tribal IV-D agency directly using the contact information on the OCSE website.*
>
> *Where forms request a locator code, note that tribal locator codes uniquely identify tribal cases with "9" in the first position, 0 (zero) in the second position, and then a 3-character tribal code defined by the Bureau of Indian Affairs (BIA).*

You must use the Notice of Determination of Controlling Order to notify:
*   The initiating IV-D agency if you are acting as a responding jurisdiction in an interstate action;
*   Any tribunal that issued, registered, or is enforcing a child support order governing the same obligor and child(ren);
*   Any IV-D agency with an open or a closed IV-D case for the parties;
*   A party to the order (i.e., the obligor or obligee), as appropriate;

HEADING/CAPTION:

*   Enter the date the notice was issued.
*   Identify the **obligor** and **obligee** by full legal name (first, middle, last, suffix) in the appropriate spaces.
*   Check the appropriate box to identify the type of IV-D case: TANF, IV-E foster care, Medicaid only, former assistance, never assistance, or non-IV-D.

> *TANF means the obligee's family is currently receiving IV-A cash payments. A Medicaid only case is a case in which the obligee's family receives Medicaid but does not receive TANF. A former assistance case might be a case for state arrears only or for a family that previously received TANF, but is not doing so at this time.*

*   In the space marked "To:", list the name and address (street, PO Box, city, state, and zip code) of the court or agency to which you are sending the Notice of Determination of Controlling Order.
*   In the appropriate spaces, if applicable and if known, enter the responding jurisdiction's locator code, state, IV-D case identifier, and tribunal number.

> *The responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction. Under "IV-D case identifier", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding tribunal may use to identify the case, if known.*

*   In the space marked "From:", list the contact person, agency name, address (street, PO Box, city, state, zip code), direct telephone number (including extension), fax number, and e-mail address.

- In the appropriate spaces enter the initiating jurisdiction's locator code, state, IV-D case identifier, and, if applicable, tribunal number.

> *The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services. Under "IV-D case identifier", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the initiating tribunal has assigned to the case.*

In the "**NOTE:**" section, check any of the following that apply**:**
- Check **"This form sent through EDE"** if this form was sent through the Electronic Document Exchange (EDE).

> *CSENet and EDE transactions are the recommended methods for making requests or sending information to another state. If CSENet is not listed as an option on the form, then it cannot be used to convey any of the requests or information provided on the form.*
>
> *Supporting documentation should be sent through EDE, whenever possible.*

MAIN BODY OF FORM:

- In the first blank in **item 1**, enter the date that the determination of controlling order was made. In the second blank, enter the name, county, and state of the tribunal that made the determination.
- For each order that was considered in the controlling order determination, list in the table in **item 1** the county, state, date of order, IV-D case identifier, tribunal number (enter docket number, cause number, or other appropriate reference number), and order type (e.g., *de novo* support, modification, dissolution, parentage). Include any order issued or modified by this tribunal in the present action.
- Check the box in **item 2** that applies. If the first box is checked, enter the number from the table (first column) of the order that was determined to be the controlling order for prospective support. If the tribunal determined that none of the existing orders were controlling and issued a new support order in accordance with UIFSA, check the second box and attach a certified copy of the new order, which is now the controlling order.
- In the blank in **item 3**, enter the name of the state that issued the controlling order and whose law permanently governs the duration of the support obligation.
- In the blanks in **item 4,** enter the dollar amount of current support in the first blank and the payment frequency in the second blank to identify the current support amount.
- In the blanks in **item 5,** enter the dollar amount of the reconciled arrears determined by the tribunal in the first blank, and enter the "as of" date in the second blank. Attach a certified copy of the tribunal order reconciling arrears.
- **Item 6** confirms that, as required by UIFSA, a copy of this notice was sent to all tribunals listed in the table above, together with a certified copy of the controlling order determination and arrears reconciliation order. Check all appropriate boxes to confirm that the notice was also sent to: all the IV-D agencies in the states listed in the table above, the obligee, and the obligor. If notice was sent to an additional entity, check the box and provide the name of the entity and state. If additional space is needed, attach the information on a separate sheet.

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The Paperwork Reduction Act of 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 0.31 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.